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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

First Inventor

John William Tocher

Title

Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☐ Fee Transmittal Form (e.g., PTO/SB/17)

(Submit an original and a duplicate for fee processing)

2. ☐ Applicant claims small entity status.

See 37 CFR 1.27.

3. ☐ Specification [Total Pages

(preferred arrangement set forth below)

- Descriptive title of the invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets

5. Oath or Declaration [Total Pages

- a. ☒ Newly executed (original or copy)
Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)

i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).

6. ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

a. ☐ Computer Readable Form (CRF)

b. Specification Sequence Listing on:

i. ☐ CD-ROM or CD-R (2 copies); or

ii. ☐ paper

c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))

10. ☐ 37 CFR 3.73(b) Statement ☐ Power of
(when there is an assignee) Attorney

11. ☐ English Translation Document (if applicable)

12. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 Citations

13. ☐ Preliminary Amendment

14. ☐ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)

16. ☐ Nonpublication Request under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35
or its equivalent.

17. ☐ Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No.: _____

Prior application information:

Examiner _____

Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or

☒ Correspondence address below

Name

John William Tocher

Address

18072 Beneta Way

City

Tustin

State

California

Zip Code

92780

Country

USA

Telephone

(714) 544-8836

Fax

Name (Print/Type)

John William Tocher

Registration No. (Attorney/Agent)

Signature

John Tocher

Date

Sept 25/01

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FEE TRANSMITTAL

for FY 2001

Patent fees are subject to annual revision.

Complete if Known

| | |
|----------------------|---------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | JOHN WILLIAM TOCHER |
| Examiner Name | |
| Group Art Unit | |
| Attorney Docket No. | |

TOTAL AMOUNT OF PAYMENT

(\$)355.00

METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
Number

**Deposit
Account
Name**

☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status.
See 37 CFR 1.27

2. ☒ **Payment Enclosed:**

☐ **Ch**

☐ Credit card☒ Money Order☐ Other

FEE CALCULATION

1. BASIC FILING FEE

| | Large Entity | Small Entity |
|-----------------------|-----------------------|-----------------------|
| 1. Revenue | More than \$5 million | Less than \$5 million |
| 2. Assets | More than \$5 million | Less than \$5 million |
| 3. Liabilities | More than \$5 million | Less than \$5 million |
| 4. Employees | More than 100 | Less than 100 |
| 5. Industry | Not a non-profit | Non-profit |
| 6. Location | Not a non-profit | Non-profit |
| 7. Ownership | Not a non-profit | Non-profit |
| 8. Structure | Not a non-profit | Non-profit |
| 9. Other | Not a non-profit | Non-profit |

| Large Entry, Fee Code | Small Entry, Fee (\$) | Large Entry, Fee Code | Small Entry, Fee (\$) | Fee Description |
|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|
|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|

| | | | | |
|-----|-----|-----|-----|------------------------|
| 101 | 710 | 201 | 355 | Utility filing fee |
| 106 | 320 | 206 | 160 | Design filing fee |
| 107 | 490 | 207 | 245 | Plant filing fee |
| 108 | 710 | 208 | 355 | Reissue filing fee |
| 114 | 150 | 214 | 75 | Provisional filing fee |

Fee Paid

355. -

SUBTOTAL (1) **(\$)**355.00

2. EXTRA CLAIM FEES

| | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| Total Claims | -20** = | X | = |
| Independent Claims | - 3** = | X | = |
| Multiple Dependent | | | = |

| Large Entity | | Small Entity | | Fee Description |
|--------------|----------|--------------|----------|--|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | |
| 103 | 18 | 203 | 9 | Claims in excess of 20 |
| 102 | 80 | 202 | 40 | Independent claims in excess of 3 |
| 104 | 270 | 204 | 135 | Multiple dependent claim, if not paid |
| 109 | 80 | 209 | 40 | ** Reissue independent claims over original patent |
| 110 | 18 | 210 | 9 | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2)

(S) ~~55~~.00

*or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Fee Code | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid |
|---------------------|-----------------------|-----------------------|----------|-----------------------|--|-------------------------------------|
| 105 | 130 | 205 | 65 | | Surcharge - late filing fee or oath | <input checked="" type="checkbox"/> |
| 127 | 50 | 227 | 25 | | Surcharge - late provisional filing fee or cover sheet | <input checked="" type="checkbox"/> |
| 139 | 130 | 139 | 130 | | Non-English specification | <input checked="" type="checkbox"/> |
| 147 | 2,520 | 147 | 2,520 | | For filing a request for <i>ex parte</i> reexamination | <input checked="" type="checkbox"/> |
| 112 | 920* | 112 | 920* | | Requesting publication of SIR prior to Examiner action | <input checked="" type="checkbox"/> |
| 113 | 1,840* | 113 | 1,840* | | Requesting publication of SIR after Examiner action | <input checked="" type="checkbox"/> |
| 115 | 110 | 215 | 55 | | Extension for reply within first month | <input checked="" type="checkbox"/> |
| 116 | 390 | 216 | 195 | | Extension for reply within second month | <input checked="" type="checkbox"/> |
| 117 | 890 | 217 | 445 | | Extension for reply within third month | <input checked="" type="checkbox"/> |
| 118 | 1,390 | 218 | 695 | | Extension for reply within fourth month | <input checked="" type="checkbox"/> |
| 128 | 1,890 | 228 | 945 | | Extension for reply within fifth month | <input checked="" type="checkbox"/> |
| 119 | 310 | 219 | 155 | | Notice of Appeal | <input checked="" type="checkbox"/> |
| 120 | 310 | 220 | 155 | | Filing a brief in support of an appeal | <input checked="" type="checkbox"/> |
| 121 | 270 | 221 | 135 | | Request for oral hearing | <input checked="" type="checkbox"/> |
| 138 | 1,510 | 138 | 1,510 | | Petition to institute a public use proceeding | <input checked="" type="checkbox"/> |
| 140 | 110 | 240 | 55 | | Petition to revive - unavoidable | <input checked="" type="checkbox"/> |
| 141 | 1,240 | 241 | 620 | | Petition to revive - unintentional | <input checked="" type="checkbox"/> |
| 142 | 1,240 | 242 | 620 | | Utility issue fee (or reissue) | <input checked="" type="checkbox"/> |
| 143 | 440 | 243 | 220 | | Design issue fee | <input checked="" type="checkbox"/> |
| 144 | 600 | 244 | 300 | | Plant issue fee | <input checked="" type="checkbox"/> |
| 122 | 130 | 122 | 130 | | Petitions to the Commissioner | <input checked="" type="checkbox"/> |
| 123 | 50 | 123 | 50 | | Processing fee under 37 CFR 1.17(q) | <input checked="" type="checkbox"/> |
| 126 | 180 | 126 | 180 | | Submission of Information Disclosure Stmt | <input checked="" type="checkbox"/> |
| 581 | 40 | 581 | 40 | | Recording each patent assignment per property (times number of properties) | <input checked="" type="checkbox"/> |
| 146 | 710 | 246 | 355 | | Filing a submission after final rejection (37 CFR § 1.129(a)) | <input checked="" type="checkbox"/> |
| 149 | 710 | 249 | 355 | | For each additional invention to be examined (37 CFR § 1.129(b)) | <input checked="" type="checkbox"/> |
| 179 | 710 | 279 | 355 | | Request for Continued Examination (RCE) | <input checked="" type="checkbox"/> |
| 169 | 900 | 169 | 900 | | Request for expedited examination of a design application | <input checked="" type="checkbox"/> |
| Other fee (specify) | | | | | | <input checked="" type="checkbox"/> |

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)~~45~~

(\\$) ~~5.5~~

SUBMITTED BY

| | |
|-------------------|---------------------|
| Name (Print/Type) | JOHN WILLIAM TOCHER |
|-------------------|---------------------|

| | |
|-----------|-------------|
| Signature | John Tocher |
|-----------|-------------|


Complete (if applicable)

Telephone (714) 544-8836

| | |
|------|-------------|
| Date | Sept. 25/01 |
|------|-------------|

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PTO/SB/21 (08-00)

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| | | | |
|---|----------------------|------------------------|--|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | | |
| | Filing Date | | |
| | First Named Inventor | John William Tocher | |
| | Group Art Unit | | |
| | Examiner Name | | |
| Total Number of Pages in This Submission | | Attorney Docket Number | |

| ENCLOSURES (check all that apply) | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input checked="" type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|--------------------|
| Firm or Individual name | Ultimate Vent Inc. |
| Signature | |
| Date | Sept 25/01 |

| CERTIFICATE OF MAILING | | | |
|--|---------------------|------|-------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>Sept 25/01</u> | | | |
| Typed or printed name | John William Tocher | | |
| Signature | <u>John Tocher</u> | Date | <u>Sept 25/01</u> |

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